
Essay

Freedom and Madness

by Thomas S. Szasz

To commit violent and unjust acts, it is not enough for a government to have the will or even the power; the habits, ideas, and passions of the time must lend themselves to their committal.

—Alexis de Tocqueville

Psychiatric slavery — that is, confining individuals in madhouses — began in the seventeenth century, grew in the eighteenth, and became an accepted social custom in the nineteenth century. Because the practice entails depriving individuals innocent of lawbreaking of liberty, it requires appropriate moral and legal justification. The history of psychiatry — especially in its relation to law — is largely the story of changing justifications for psychiatric incarceration. The metamorphosis of one criterion for commitment into another is typically called “psychiatric reform.” It is nothing of the kind. The bottom line of the psychiatric balance sheet is fixed: Individuals deemed insane are incarcerated because they are “mentally ill and dangerous to themselves and/or others.”* For more than forty years, I have maintained that psychiatric reforms are exercises in prettifying plantations. Slavery cannot be reformed, it can only be abolished. So long as the idea of mental illness imparts legitimacy to the exercise of psychiatric power, psychiatric slavery cannot be abolished.

Power is the ability to compel obedience. Its sources are force from above, and dependency from below. By force I mean the legal and/or physical ability to deprive another person of life, liberty, or property. By dependency I mean the desire or need for others as protectors or providers.† “Nature,” observed Samuel Johnson, “has given women so much power that the law has very wisely given them little.”‡ The sexual power (domination) women wield (over men who desire them) is here cleverly contrasted with their legal powerlessness (a subservience imposed on them by men).

To distinguish between coercive and non-coercive means of securing obedience, we must distinguish between force and persuasion, violence and authority. Alfred North Whitehead put it thus: “[T]he intercourse between individuals and between social groups takes one of these two forms, force and persuasion. Commerce is the great example of intercourse by way of persuasion. War, slavery, and govern-

mental compulsion exemplify the reign of force.”² When Voltaire exclaimed, “*Ecrazez l’infame!*” he was using the word *l’infame* to refer to the power of the Church to torture and kill, not to its power to misinform or mislead.

The potency of power as force, symbolized by the gun, rests on the ability to injure or kill the Other; whereas the potency of power as influence rests on the ability to gratify the Other’s desires. The individual who depends on another person for the satisfaction of his needs — or whose needs/desires can be aroused by another — experiences the Other as having power over him. Such is the power of the mother over her infant, of the doctor over his patient, of Circe over Ulysses. In proportion as we master or surmount our desires, we liberate ourselves from this source of domination.

The main source of psychiatric power is coercive domination, exemplified by the imposition of an ostensibly diagnostic or therapeutic intervention on a subject against his will. Its other source is dependency, exemplified by individuals defining themselves as unable to control their own behavior and seeking psychiatric controls. Involuntary psychiatric

* In this essay, I limit myself to a critique of the civil commitment of persons not charged with crimes. I consider the insanity defense and other (ab)uses of coercive psychiatry in several of my other books especially *Law, Liberty, and Psychiatry*; *Psychiatric Justice*; and *Insanity: The Idea and Its Consequences*.

† The spheres of legitimacy for power and dependency, respectively, are defined by law, custom, and tradition.

interventions rest on force, voluntary psychiatric relations on dependency. Equating them is as absurd as equating rape with consensual sex.*³

When a person suffers — from disease, oppression, or want — he naturally seeks the assistance of persons who have the knowledge, skill, or power to help him or on whom he projects such attributes. In ancient times, priests — believed to possess the ability to intercede with gods — were the premier holders of power. For a long time, curing souls, healing bodies, and relieving social-economic difficulties were all regarded as priestly roles, utilizing both coercive and cooperative interventions. Only in the last few centuries have the roles of priest, physician, and politician become differentiated, as Religion, Medicine, and Politics — each institution allotted its “proper” sphere of influence, each

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struggling to enlarge its scope and power over the others. Moreover, only in the West has the power of the priest been reduced to the same level as the power of the people, that is, to the opportunity to persuade willing listeners.

The separation of Church and State — that is, withdrawing from religious authorities and organizations the legal authority to use force and denying them funds extracted by force (taxes)[†] — represents a sharp break in the history of mankind. Although paying lip service to an Almighty, the American Constitution is, in effect, a declaration of the principle that only agents of the state can exercise power legitimately, and that the sole source of the government's legitimacy is the “happiness of the people,” insured by securing “the consent of the governed.” Gradually, other western states have adopted this outlook. The Argentinean poet and novelist Adolfo Bioy Casares satirized the resulting “happiness” thus:

Well then, maybe it would be worth mentioning the three periods of history. When man believed that happiness was dependent upon God, he killed for religious reasons. When man believed that happiness was dependent upon the form of government, he killed for political reasons. After dreams that were too long, true nightmares . . . we arrived at the

* Some psychiatric critics — opposing the use of psychiatric drugs, electric shock treatment, or psychotherapy — advocate the legal prohibition of one or another method or relationship, on the ground that people need the protection of the state from the “exploitation” intrinsic to the practices of psychiatrists and psychotherapists. However, coercive protection from psychiatric treatment is just as patronizing and inimical to dignity-and-liberty as coercive protection from psychiatric illness.

† Many Americans erroneously believe that this condition obtains in all modern democracies. In Britain there is no formal separation of church and state. In Germany and Switzerland, religious bodies receive monies collected by the state.

present period of history. Man woke up, discovered that which he always knew, that happiness is dependent upon health, and began to kill for therapeutic reasons.⁴

Among these therapeutic reasons, the treatment of mental illness occupies a unique place.

We Withhold These Truths

In the modern West, slavery qua slavery is of course as dead as the proverbial dodo. Reviewing a book about Jefferson, Brent Staples declares: “Slavery and the Declaration of Independence can in no way be reconciled. . . . The natural rights section of the Declaration — the most famous words in American history — reflected the belief that personal freedom was guaranteed by God Himself.”⁵

Alas, if only it were that simple. The words “freedom-slavery,” like the words “right-wrong,” are by definition antithetical. Hence, asserting that they cannot be reconciled is a pleonasm. But it is a pleonasm only in principle. In practice it is a temptation — a challenge to people's ingenuity to reconcile irreconcilables — to which many yearn to yield. All that is needed to accomplish the task is hypocrisy and demagoguery: Would-be dominators can then “discover” that the persons they seek to enslave are child-like, the victims of one or another calamity from which they need to be protected. This formula explains why chattel slavery and the Declaration of Independence could coexist for nearly a century; why racial and gender slavery and the Declaration of Independence could coexist well into the twentieth century; and why psychiatric slavery and the

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Declaration of Independence can now coexist in perfect harmony.

Although modern governments repudiate slavery as the grossest violation of “universal human rights,” they continue to exert far-reaching controls over personal conduct, typically justifying coercive paternalism as *the protection of victims from themselves*. Today, the mental patient does not lose his liberty because the state deprives him of it; he loses it because the state declares him to be the beneficiary of a new “constitutional right.” In *O'Connor v. Donaldson*, the justices of the Supreme Court discovered such a new right, heretofore hidden in the Constitution. They declared: “[A] State cannot constitutionally confine [in a mental hospital] *without more* a nondangerous individual . . .”[sic]⁶ Psychiatrists lost no time dubbing this “[something] more” the “mental patient's right to treatment.” It is important to emphasize that the “treatment” the court had in mind was, by definition, involuntary: It applied *only to involuntary mental patients*.

continued on page 36

Who was Kenneth Donaldson and how did he become entangled with the psychiatric system? Briefly, he was an unemployed and unwanted guest in his father's house. When Donaldson refused to remove himself, his father turned to the psychiatric system to remove him. Thus did Kenneth Donaldson become a "guest" of the psychiatric hospital system, officially called a "patient." Ensnared in his new home, Donaldson refused "treatment": He insisted that he was not mentally ill and claimed he was a Christian Scientist. Notwithstanding the internally contradictory character of Donaldson's subsequent complaint — that his psychiatrists failed to treat his illness — the Supreme Court accepted the case, presumably as an opportunity to reinforce the legitimacy of psychiatric slavery. To be sure, the "complaint" was not really Donaldson's: The real protagonists were his handlers, self-anointed reformers of mental health policy, who fabricated an absurdly hypocritical strategy to advance their own misguided agenda. Donaldson was merely their foil.

Why did the Donaldson case arouse so much professional and popular interest? Partly because it reopened — in the context of the new psychopharmacological treatment of mental illness — the question of what constitutes proper ground for civil commitment; and partly because Donaldson's malpractice suit reached the Supreme Court. Today, the case is an arcanum in the history of psychiatric reform. The issues it raised are, however, of continuing interest and importance.

Although the long-term confinement of mental patients in buildings called "mental hospitals" — as Donaldson had been confined — is no longer fashionable, this does not mean that the uses of coercive psychiatry have diminished. On the contrary. While most mental patients are now housed in buildings *not* called "hospitals," they are still deprived of liberty, typically by court-ordered "outpatient commitment" and "drug treatment," euphemisms that disguise their true status more effectively than ever.⁷ Since the Donaldson ruling, psychiatrists routinely invoke claims such as that patients' "rejection of treatment is itself a symptom of their illness";⁸ that the "cause [of the 'revolving door syndrome'] may be the result of efforts to protect patients' civil rights — sometimes at the cost of their 'treatment rights'";⁹ and that a "180-day outpatient commitment" policy should be widely adopted because a person who "is suffering from a severe mental disorder . . . lacks the capacity to make an informed decision concerning his need for treatment."¹⁰

The importance of the Donaldson ruling lay in the fact that it ratified psychiatry's latest medical and therapeutic pretensions. By recognizing the administration of psychoactive drugs to mental patients as bona fide medical treatment, the Supreme Court once again lent the weight of its authority to literalizing the metaphors of mental illness and mental treatment. In addition, by defining involuntary psychiatric interventions — epitomized by involuntary drugging — as bona fide medical treatments, the court redefined involuntary psychiatric interventions from serving the needs of the

public to serving the needs of the denominated patient.

The catastrophic implications of these ideas have not yet begun to dawn on American lawmakers, much less on the American people. The "new Nero," C. S. Lewis warned, "will approach us with the silky manners of a doctor."¹¹

Today, almost a quarter of a century after the Donaldson decision, the Supreme Court is considering whether a terminally ill patient has a constitutional right to physician-assisted suicide. Never mind that the term "terminally ill" is dangerously elastic; that suicide is illegal, prohibited by the *mental health law* of every one of the fifty states; or that because suicide is illegal, it cannot be "assisted," it can only be "accomplished." These are but minor roadblocks retarding our triumphant march toward the full realization of the Therapeutic State. "Even if the treatment is painful, even if it is life-long, even if it is fatal, that" — mocked Lewis — "will be only a regrettable accident; the intention was purely therapeutic."¹²

Chattel Therapy

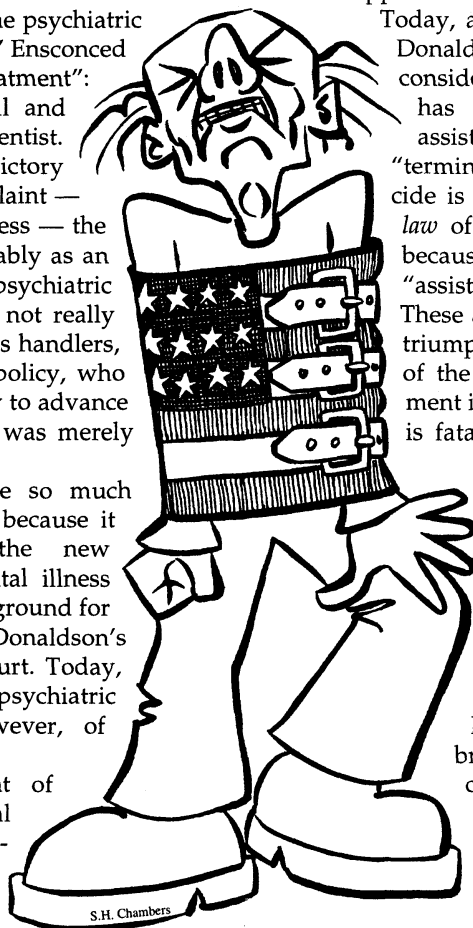
Psychiatric slavery rests on civil commitment and the insanity defense. Each intervention is a paradigm of the perversion of power. If the person called "patient" breaks no law, he has a right to liberty. And if he breaks the law, he ought to be adjudicated and punished in the criminal justice system. It is as simple as that. Nevertheless, so long as conventional wisdom decrees that the mental patient must be protected from himself, that society must be protected from the men-

tal patient, and that both tasks rightfully belong to a psychiatry wielding powers appropriate to the performance of these duties, psychiatric power will remain unreformable.

Some people do threaten society: they commit crimes — that is, acts that deprive others of life, liberty, or property. Society needs protection from such aggressors. What does psychiatry contribute to their management? Civil commitment, inculcating the innocent, and the insanity defense, exculpating the guilty. Both interventions authenticate as "real" the socially useful fictions of mental illness and psychiatric expertise. Both create and confirm the illusion that we are coping wisely and well with vexing social problems, when in fact we are obfuscating and aggravating them. Psychiatric power thus corrupts not only the psychiatrists who wield it and the patients who are subjected to it, but the community that supports it as well. As Orwell's nightmarish vision of *Nineteen Eighty-Four* nears its climax, O'Brien explains the functional anatomy of power to Winston thus:

[N]o one seizes power with the intention of relinquishing it. Power is not a means; it is an end. One does not establish a dictatorship in order to safeguard a revolution; one makes the revolution in order to establish the dictatorship. The object of persecution is persecution. The object of torture is

concluded on page 48



the cost of the increasing impoverishment of a great number of other countries; as a result, the wealthy grow ever wealthier, while the poor grow ever poorer." The first sentence is clearly a swipe at the conditions set for the bailout of the Asian economies now suffering from economic meltdown. A diversity of opinion exists on these matters; certainly anyone believing in the efficiency of free markets can find a great deal to disagree with in the substance of those bailout agreements, if not with the whole concept of such bailouts in general. Still, the pope's apparent preference for offering vast

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sums to ailing nations *without* substantive reform requirements tied to those funds is unsettling.

But it is the pope's zero-sum picture of the wealth of nations that is the most disturbing. This notion contradicts the pope's basic ideology. If John Paul truly believes that the wealthy nations become so at the expense of the impoverished, how can he possibly recommend democracy as a model for the personal liberties he so desires? For it is certainly the democratic nations that are the richest.

Why would John Paul believe this caricature of wealth creation?

Perhaps he's fallen prey to the idea that limited natural resources are the basic source of a nation's wealth. If so, he ignores the examples of the Asian economies, which built tremendous wealth despite a dearth of natural resources. That they are faltering is not an indictment of the sources of that wealth creation, but instead a result of poor government decisions in banking and the directing of industry; in short, a

lack of economic liberty. Alternately, were the presence of natural resources the sole arbiter of a nation's wealth, Russia would be the richest country on earth. Instead, Russia totters with no immediate promise for turnaround.

Or maybe the pope has bought into the idea that the rich nations "exploit" the low-paid laborers of impoverished countries. But this is fallacy. If the manual labors of a technologically backward country can compete with the industrial efficiency of a nation like the United States, Americans benefit by having more of their earnings to apply to other needs, and more capital and labor to apply to economic endeavors at which they are more efficient. And the low-paid laborers benefit by having a job, where there would otherwise likely be none. Wealth is created for both nations, and we are all the better off for it.

Regardless of the source of his ill-conceived notions of wealth, the pope's errors here are the most serious. For such a clear contradiction as this gives comfort not only to Castro, but to any despotic regime the Catholic Church ostensibly wants to see changed. Instead of clearly communicating that the poverty of a nation is the result of poor governance, the pope has signaled that it is instead caused by American and European hegemony. What dictator will heed John Paul's call to change his ruthless stripes when he can more easily blame his problems on exploitation by the "rich?"

Pope John Paul II has long been a hero in the fight against the failed socialist and communist experiments the world over. His influence in Poland helped win that subjugated people their freedom after decades under the Soviet Union's oppressive shadow. Even so, his comments in Revolution Plaza indicate that His Holiness fails to understand that capitalism provides the freedom he beseeches Castro — and so many others — to grant to the long-suffering people under totalitarian control. A mere handful of remarks have gravely damaged his case. We should all hope (and the religious among us should pray) that he will reconsider such poorly reasoned opinions. □

Szasz, "Freedom and Madness," *continued from page 36*

torture. The object of power is power. Now do you begin to understand me?¹³

The empire of psychiatric slavery is more than three hundred years old and grows daily more all-encompassing. But we have not yet begun to acknowledge its existence, much less to understand its role in our society. □

Notes:

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2. Whitehead, A. N., *Adventures of Ideas* [1933] (New York: Free Press, 1961), p. 83.
3. Szasz, T. S., "The psychiatric will," *American Psychologist*, 37: 762-770 (July), 1982.
4. Bioy Casares, A., "Plans for an escape to Carmelo," *New York Review of Books*, April 10, 1986, p. 7.
5. Staples, Brent, "The Master of Monticello," *New York Times Book Review*, March 23, 1997, p. 7.
6. Szasz, T.S., *Psychiatric Slavery* (Syracuse University Press, 1998), p. 79, emphasis added.

7. See Szasz, Thomas, *Cruel Compassion: Psychiatric Control of Society's Unwanted* (New York: Wiley, 1994).
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9. Rubinstein, Jon, The revolving door syndrome pits civil rights against treatment "rights," *Legal Aspects of Medical Practice*, 6: 47-49 (May), 1978.
10. Outpatient commitment works, deserves funding, APA testifies, *Psychiatric News*, 3: 4 (September 1), 1995.
11. Lewis, C. S., "The Humanitarian Theory of Punishment," *Res Judicatae* (Melbourne University, Melbourne, Australia), 6: 229, 1953; quoted in, Szasz, T. S., *The Theology of Medicine: The Political-Philosophical Foundations of Medical Ethics* (Syracuse: Syracuse University Press, 1988), p. 130.
12. Ibid.
13. Orwell, G., *Nineteen Eighty-Four* (New York: Harcourt Brace, 1949), p. 266.

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